

One-Time Credit Card Authorization Form

	City of Tempe C			harge my credit o	card a one-time fee of						
Permit Nun	ıber, Invoice Nu	mber, etc.:	•								
OtherItem(s): Company Name (if applicable): Email address:											
						My Credit Card I	nformation Is A	As Follows	5:		
						Type of Credit Car	d (circle one):	Visa	MasterCard	Discover	American Express
NAME (as printed	on card):										
LAST 4 DIGITS OF CREDIT CARD NUMBER (front of card): BILLING ADDRESS & ZIP CODE: SIGNATURE AUTHORIZING CHARGE:											
						PRINTED NAME	OF PERSON SI	GNING A	BOVE:		
						TODAY'S DATE:		CON	NTACT NUMBER:		
		(City of T	Tempe Only - Tear I	Here)							
This portion of	the form will b	e destroye	ed after the credit	card transaction	n has been processed.						
FULL CREDIT CA	ARD NUMBER:	<u></u>									
EXPIRATION DA	TE (as printed o	n card):									
3 or 4 DIGIT SECU	JRITY NUMBE	ER (back o	f card):								

Please complete this form in its entirety and fax to: (480) 350-8560 Attention: Permit Center